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MEETING NOTICE

July 20, 2018

Contact Keri Zaleski
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**MCHENRY COUNTY
TUBERCULOSIS CARE AND TREATMENT BOARD MEETING
2200 N. SEMINARY AVE. BUILDING A
WOODSTOCK, ILLINOIS 60098
July 24, 2018
8:00 AM**

AGENDA

1. Call to Order
2. Public Participation
3. Minutes of March 2018 Meeting.
4. Consent Agenda
 - A) Disbursements; March - June 2018
 - B) Income and Expense Report; March - June 2018
5. Monthly Report
 - A) TB Nurse Report
 - B) Statistics
 - C) TB Profile
 - D) IDPH Report
6. Program Highlights
7. Old Business (For Discussion)
 - A) Health Department Renovation Update
8. New Business
 - A) Memorandum of Understanding – Family Health Partnership
9. Board Issues (For Discussion)
10. Information and Communication (For Discussion)

Borisov, A.S., Morris, S.B., Njie, G.J., Winston, C.A., Burton, D., Goldberg, S., Woodruff, R.Y., Allen, L., LoBue, P., Vernon, A. (June 28, 2018) Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent Mycobacterium tuberculosis Infection. *Morbidity and Mortality Weekly Report* 67 (25); 723-726. Retrieved from:
https://www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm?s_cid=mm6725a5_w
11. Executive Session
12. Adjournment

MINUTES AND CONSENT AGENDA

MCHENRY COUNTY TUBERCULOSIS AND TREATMENT BOARD

MEETING MINUTES

MARCH 20, 2018

CALL TO ORDER:

Marylou Ludicky RN MPH called the meeting to order at 8:00am; TB Board Members present were: James Mowery M.D, and Marylou Ludicky RN MPH; Staff present were: Michael Hill MPH, MPA, FACHE, CHES, Administrator, Susan Karras RN, BSN, MBA, Director of Nursing, Jennifer Schorsch RN, BS, NE-BC, Assistant Director of Nursing, Janet Engelking RN, BSN, MSN Communicable Disease Coordinator, Keri Zaleski Community Information Coordinator, Karen Stephenson TB RN, and Amanda Kurka RN BSN.

MINUTES:

James Mowery M.D made motion to approve TB Board Minutes for January/February 2018; second by Marylou Ludicky RN MPH.

FINANCIAL STATUS:

James Mowery M.D reviewed the Disbursements for November/December 2017 as well as January/February 2018. James Mowery M.D made motion to approve; second by Marylou Ludicky RN MPH.

MONTHLY REPORTS:

Karen Stephenson TB RN, reviewed TB Nurse Report for November/December 2017 and January/February 2018.

Skin Testing

- In November, 16 clinics were held with 39 clients tested.
- In December, 15 clinics were held with 47 clients tested.

Doctor Clinic

- On November 13th Doctor's clinic was held with 9 chest x-rays and 26 charts were reviewed.
- On December 22nd Doctor's clinic was held with 13 chest x-rays and 25 charts reviewed.

Patient Update

- On 12/18/2017: admitted 35 year old possible active case on daily DOT
- On 12/27/2017 culture ID Mycobacterium kansasii and gastri
- Patient was discharged on 12/28/2017

Activities

- Old Firehouse 11/6/2017 11 people were tested
- In-service on TB testing November 16th at Valley Hi Nursing Home
- NITCA Conference at DuPage County November 16th

- PADS TB testing 12/11/2017 at evening church site 7 people were tested

Webinars/Trainings

- 12/6/2017 Use of EMR's Benefits and Challenges
- 12/6/2017 Understanding TB Diagnosis Guidelines
- TB Program Evaluation Network

Up-coming events

- MCDH annual TB testing January 9th
- PADS Day site testing January 8th and 11th
- PADS evening testing at evening church sites January 24th and 26th
- Outreach Old Firehouse Assistance Center TB testing scheduled Feb 20th and 23rd

Skin Testing

- In January, 14 clinics were held with 107 clients tested.
- In February, 14 clinics were held with 52 clients tested.

Doctor Clinic

- On January 22nd Doctor's clinic was held with 7 chest x-rays and 15 charts reviewed.
- No doctor clinic was held in February

Patient Update

- On January 5th we admitted 27 year old possible active case on daily DOT
- On February 18th culture ID Mycobacterium gordonae

Activities

- PADS TB testing 1/8/2018 and 1/11/2018
- PADS evening testing sites 1/24/2018, 1/26/2018, 2/13/2018 and 2/15/2018
- A total of 30 clients were tested

Webinars/Trainings

- 2/14/2018 TB Treatment for Prisoners found Inferior
- 2/14/2018 Drug-Resistant TB on the Rise in These Four Countries
- Closer Look at Household Contacts Finds more TB Cases

Up-coming events

- PADS Day site testing March 13th and 16th
- PADS testing at evening church sites March 13th and March 15th
- Outreach Old Firehouse Assistance Center TB Testing scheduled April 17th and 20th
- TB Summit Verona WI on March 22nd

OLD BUSINESS:

NEW BUSINESS:

- A) Update on Building B possibly gutting entire floor in Building A and redesign a clinical operation
- B) TB Nurses will be attending Centegra to give education on TB testing
- C) Health Department possibly getting more partnerships

BOARD ISSUES:

INFORMATION:

Ai, J., Ruan, Q., Liu, Q., Zhang, W. (December 2016). Updates of the risk factors for latent tuberculosis reactivation and their managements. *Emerging Microbes and Infections*, 1-8. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4777925/>

ADJOURNMENT:

Marylou Ludicky RN MPH made motion to adjourn meeting at 8:35am.

MCHENRY COUNTY HEALTH DEPARTMENT**TB - DISBURSEMENTS**

March- April 2018 (FY18) as of 5/3/2018

SUMMARY

PERSONAL SERVICES:	ACCT#	PAYROLL
Acevedo, Lola	3010	\$ 5,829.03
Cazares, Maria	3020	\$ 3,544.46
Kurka, Amanda	3010	\$ 7,881.01
Schoen, Faith	3010	\$ 8,355.01
Stephenson, Karen	3010	\$ 5,366.74
	3025	included in above
FICA	3105	\$ 2,369.68
IMRF	3110	\$ 3,091.40
INSURANCE	3146	\$ 5,415.84
TOTAL PAYROLL		\$ 41,853.17

DESCRIPTION:	ACCT #	AMOUNT
Contractual Services	4001	\$ 5,000.00
Assoc. Dues/Memberships	4005	
Training	4006	
Subscriptions	4008	
Printing	4055	
Telephone	4096	\$ 58.02
Rent	4101	
Maint Agreements	4130	
Maint Office Equipment	4131	\$ 331.28
Medical	4246	\$ 540.44
Special Consultants	4435	
Private lab services	4442	\$ 24.56
Refuse disposal	4449	
Contingent	4570	
Office Supplies	5010	\$ 47.31
Office Equipment	5020	
Postage	5030	
Mileage	5040	\$ 241.44
Meeting Expenses	5050	
Supplies	5070	
Medical Supplies	5080	
Medication	5085	\$ 877.19
TB Test Refund	8090	

TOTAL EXPENSES	\$ 7,120.24
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Grand Total	\$ 48,973.41
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MCHENRY COUNTY HEALTH DEPARTMENT
TB - DISBURSEMENTS ~ as of 04-26-2018
March 2018 (FY18)

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
Acevedo, Lola	3010	\$2,914.51
Cazares, Maria	3020	\$1,737.17
Kurka, Amanda	3010	\$3,940.51
Schoen, Faith	3010	\$4,177.51
Stephenson, Karen	3010	\$2,683.52
	3025	Included in above
FICA	3105	\$1,182.17
IMRF	3110	\$1,542.22
INSURANCE	3146	<u>\$2,707.92</u>
	Payroll Total	\$20,885.53

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
JE218224	HD Admin Charge - Q1	4001	\$ 5,000.00
VD319035	VERIZON WIRELESS	4096	\$ 28.18
VD319308	ANSERCALL 24 LLC	4130	\$ 20.50
VD319309	STANS OFFICE MACHINES INC	4130	\$ 265.00
VD319309	STANS OFFICE MACHINES INC	4130	\$ 45.78
VC288363	MERCY HEALTH SYSTEM CORP OMI	4246	\$ 62.00
VC288770	MERCY HEALTH SYSTEM CORP OMI	4246	\$ 186.00
VD319304	BRANDT PHARMACY INC	4246	\$ (17.56)
VC288769	ACL LABORATORIES	4442	\$ 24.56
VD319036	WAREHOUSE DIRECT INC	5010	\$ 47.31
VD318873	PEREZ ANGELICA	5040	\$ 30.52
VD318873	KURKA AMANDA	5040	\$ 41.42
VD319107	ACEVEDO LOLA	5040	\$ 30.52
VC288373	BRANDT PHARMACY INC	5085	\$ 58.71
VC288475	BRANDT PHARMACY INC	5085	\$ 170.04
VC288771	BRANDT PHARMACY INC	5085	\$ 35.08
VC288974	BRANDT PHARMACY INC	5085	\$ 52.62
VC288973	BRANDT PHARMACY INC	5085	\$ 350.26

Total Expenses \$6,430.94

Grand Total \$27,316.47

MCHENRY COUNTY HEALTH DEPARTMENT
TB - DISBURSEMENTS as of 5-3-2018
April 2018 (FY18)

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
Acevedo, Lola	3010	\$2,914.52
Cazares, Maria	3020	\$1,807.29
Kurka, Amanda	3010	\$3,940.50
Schoen, Faith	3010	\$4,177.50
Stephenson, Karen	3010	\$2,683.22
	3025	Included in above
FICA	3105	\$1,187.51
IMRF	3110	\$1,549.18
INSURANCE	3146	\$2,707.92
		<hr/>
	Payroll Total	\$20,967.64

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
VD319543	VERIZON WIRELESS	4096	\$29.84
VC289599	MERCY HEALTH SYSTEM	4246	\$310.00
VD319485	PEREZ ANGELICA	5040	\$45.78
VD319485	ACEVEDO LOLA	5040	\$40.33
VD319680	KURKA AMANDA	5040	\$52.87
VC289388	BRANDT PHARMACY INC	5085	\$52.62
VC289387	BRANDT PHARMACY INC	5085	\$17.54
VC289386	BRANDT PHARMACY INC	5085	\$70.16
VC289222	BRANDT PHARMACY INC	5085	\$70.16
			<hr/>
	Total Expenses		\$689.30
	Grand Total		\$21,656.94

MCHENRY COUNTY HEALTH DEPARTMENT

TB - DISBURSEMENTS as of 6/5/2018

May 2018 (FY18)

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
Acevedo, Lola	3010	\$2,914.51
Cazares, Maria	3020	\$1,807.28
Kurka, Amanda	3010	\$3,940.51
Schoen, Faith	3010	\$4,177.50
Stephenson, Karen	3010	\$3,801.99
	3025	Included in above
FICA	3105	\$1,273.10
IMRF	3110	\$1,660.84
INSURANCE	3146	\$2,707.92
		<hr/>
Payroll Total		\$22,283.65

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
VD319926	STEPHENSON KAREN	4006 \$	15.00
VD319980	KURKA AMANDA	4006 \$	15.00
VD320621	VERIZON WIRELESS	4096 \$	27.87
VC289789	METRO INFECTIOUS DISEASE CONSULTANTS	4246 \$	500.00
VC289830	ACL LABORATORIES	4442 \$	31.44
VC290369	ACL LABORATORIES	4442 \$	15.23
VC290367	HEALTHCARE WASTE MANAGEMENT	4449 \$	50.00
VD319883	WAREHOUSE DIRECT INC	5010 \$	76.71
VD319921	ACEVEDO LOLA	5040 \$	61.04
VD319925	STEPHENSON KAREN	5040 \$	104.64
VD319923	STEPHENSON KAREN	5040 \$	25.62
VD319981	KURKA AMANDA	5040 \$	116.63
VD319982	PEREZ ANGELICA	5040 \$	30.52
VD319926	STEPHENSON KAREN	5050 \$	171.33
VD319980	KURKA AMANDA	5050 \$	169.03
VD320667	ABATEMENT TECHNOLOGIES, INC	5080 \$	163.42
VC289795	BRANDT PHARMACY INC	5085 \$	35.08
VC289794	BRANDT PHARMACY INC	5085 \$	326.63
VC289793	BRANDT PHARMACY INC	5085 \$	41.17
VC289784	BRANDT PHARMACY INC	5085 \$	64.80
VC290044	BRANDT PHARMACY INC	5085 \$	419.39

Expense Total	\$2,460.55
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Grand Total	\$24,744.20
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MCHENRY COUNTY HEALTH DEPARTMENT

TB - DISBURSEMENTS

May - Jun 2018 (FY18) as of 7/6/2018

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>	
Acevedo, Lola	3010	\$	7,286.29
Cazares, Maria	3020	\$	4,518.21
Kurka, Amanda	3010	\$	9,851.28
Schoen, Faith	3010	\$	10,443.78
Burck, Danielle	3010	\$	3,801.99
	3025		Included in above
FICA	3105	\$	2,746.46
IMRF	3110	\$	3,582.94
INSURANCE	3146	\$	4,321.57
Total			\$46,552.52

<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
Contractual Services	4001	\$ 5,000.00
Assoc. Dues/Memberships	4005	
Training	4006	\$ 30.00
Subscriptions	4008	
Printing	4055	
Telephone	4096	\$ 56.42
Rent	4101	
Maint Agreements	4130	\$ 14.40
Maint Office Equipmt	4131	
Medical	4246	\$ 1,430.00
Repair & Maintenance of Heavy Machinery	4320	
Special Consultants	4435	
Private Lab Services	4442	\$ 208.57
Refuse disposal	4449	\$ 50.00
Contingent	4570	
Office Supplies	5010	\$ 76.71
Office Equipment	5020	
Mileage	5040	\$ 633.84
Meeting Expenses	5050	\$ 340.36
Supplies	5070	
Medical Supplies	5080	\$ 163.42
Medication	5085	\$ 1,351.19
Publications	5210	
TOTAL EXPENSES		\$ 9,354.91
Grand Total		<u><u>\$55,907.43</u></u>

MC HENRY COUNTY HEALTH DEPARTMENT
TB - DISBURSEMENTS
June 2018 (FY18) as of 7/10/2018

<u>Personal Service</u>	<u>ACCT #</u>	<u>PAYROLL</u>
Acevedo, Lola	3010	\$4,371.78
Cazares, Maria	3020	\$2,710.93
Kurka, Amanda	3010	\$5,910.77
Schoen, Faith	3010	\$6,266.28
Burck, Danielle	3010	\$0.00
	3025	Included in above
FICA	3105	\$1,473.36
IMRF	3110	\$1,922.10
INSURANCE	3146	\$1,613.65
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	Payroll Total	\$24,268.87

Start 6/25/2018

<u>VD</u>	<u>VENDOR</u>	<u>ACCT #</u>	<u>AMOUNT</u>
JE218503	HD Admin Charge - Q2	4001	\$ 5,000.00
VD321258	VERIZON WIRELESS	4096	\$ 28.55
VD321459	ANSERCALL 24 LLC	4130	\$ 14.40
VC291005	MERCY HEALTH SYSTEM	4246	\$ 620.00
VC291065	MERCY HEALTH SYSTEM	4246	\$ 310.00
VC291006	ACL LABORATORIES	4442	\$ 9.17
VD321505	OXFORD DIAGNOSTIC LABORATORIES	4442	\$ 152.73
VD321007	PEREZ ANGELICA	5040	\$ 47.96
VD321005	ACEVEDO LOLA	5040	\$ 61.04
VD321006	MONTANA CONCEPCION	5040	\$ 78.48
VD321093	KURKA AMANDA	5040	\$ 57.77
VD321373	ACEVEDO LOLA	5040	\$ 50.14
VC290865	BRANDT PHARMACY INC	5085	\$ 87.70
VC290864	BRANDT PHARMACY INC	5085	\$ 52.62
VC291007	BRANDT PHARMACY INC	5085	\$ 114.30
VC291008	BRANDT PHARMACY INC	5085	\$ 104.26
VC291009	BRANDT PHARMACY INC	5085	\$ 17.54
VC291278	BRANDT PHARMACY INC	5085	\$87.70
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	Expense Total		\$6,894.36
			<hr/>
	Grand Total		<u>\$31,163.23</u>

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MONTHLY REPORT

MCDH Nurse Report

May & June 2018

Skin Testing:

May 17 clinics were held with 44 skin tests performed. 2 IGRAs collected

June 18 clinics were held with 41 skin tests performed. 1 IGRA collected

Doctor Clinic:

May 14th Doctor Clinic was held with 12 chest x-rays reviews and 21 charts reviewed

June 25th Doctor Clinic was held with 15 chest x-rays and 21 charts reviewed

Patient Update:

1 active client, on DOT, in the continuation phase

Activities:

Old Firehouse Assistance Center testing: 5/30/2018, reads on 6/1/2018; 3 clients tested

Webinars/Trainings:

- 5/31/18 AAP 2018 Red Book LTBI for Children Webinar
- 6/4/18 Webinar: TB RN Case Study DOT
- 6/13/18 Meeting for Electronic Health Record

Staff Update:

Danielle Burck started on June 25th as MCDH TB Nurse

MCDH Nurse Report

March & April 2018

TB Screening Tests:

March 17 clinics were held with 62 clients tested

April 17 clinics were held with 167 clients tested

First IGRA T-Spot testing with Oxford Diagnostics

Doctor Clinic:

March 12th Doctor Clinic was held with 22 chest x-rays reviews and 36 charts reviewed

April 16th Doctor Clinic was held with 12 chest x-rays and 21 charts reviewed

Patient Update:

Active Tuberculosis case identified 3/20/2018. DOT 5 days a week

Activities:

PADS testing:

Day site testing:

3/13/18 + 3/16/18 = 5 people tested

Evening site testing:

3/13/18 + 3/15/2018 = 7 people tested

4/16/18 + 4/18/18 = 3 people tested

Old Firehouse Assistance Center Testing:

4/17/18 + 4/20/18 = 6 people tested

Tested D200 Schools, 110 tests

Webinars/Trainings:

Ongoing: Introduction to TB Nurse Case Management

Understanding Multi-Drug Resistant TB Webinar 3/7/2018 IDPH

Presentation to Centegra Occupational Health on TB Overview and Testing before their annual TB testing.

Program Updates:

Signed up for Video Directly Observed Therapy through IDOT contract

Staffing Updates:

Karen Stephenson retired on 4/27/18

TUBERCULOSIS PROGRAM MONTHLY REPORT FY 2018

EDUCATION

TB STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
PRESENTATIONS														
# of Presentations				1									1	
# of Attendees				10									10	
1:1 EDUCATION (PUBLIC & HCPs) (HOURS)														
Phone contacts	3.24	4.84	7.75	5.75	4.67	5.5	4.58						36.33	13
Face to Face contacts (@MCDH)	19.75	23.5	19.66	23.83	29.67	15.58	14.92						146.91	30.01
Case Mangement	3.33	0.67	6.25	9	3.5	6.75	5.58						35.08	12.34
TB Board Meeting Prep		2		2	1	1	1						7	2

TESTING

TB SKIN TEST STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
MCDH (Annex B)														
# of Clinics	15	14	14	17	17	17	18						112	34
# of IGRAs					1	2	1						4	
# of skin tests	47	107	52	62	167	44	41						520	140
Outreach Testing														
PADS / Old Firehouse														
RN time - hours	3.5	4.75	8.25	4	6.5	4							31	10
# of site visits	2	4	4	2	4	2							18	4
# of skin tests	7	17	16	12	9	3							64	11
Contact Investigation Testing														
RN time - hours							2						2	
# of site visits														
# of skin tests							3						3	
Total Skin Tests	54	124	68	74	176	47	44						587	151

POSITIVE SKIN TEST STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
Positive skin tests/Outside agency		2	1	1	3		7						14	6
Positive skin tests /MCDH clinics	3	1		3		1	1						9	2
Positive skin tests/PADS														
Positive skin tests /Outreach Sites														
Positive skin tests/Contacts							2						2	
Total	3	3	1	4	3	1	10						25	8
County Positive Skin Test Rate[^]	0.98	0.98	0.33	1.30	0.98	0.33	3.25						8.13	2.60

DIAGNOSTIC STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
X-Rays Ordered	16	5	5	6	7	4	4						47	11
Sputum Collected	3		9		1	7	3						23	9
Laboratory Tests Ordered	2	4	2	4	1	6	2						21	5

MD CLINIC (HOURS)

MD CLINIC (HOURS)	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
Pre Clinic RN Prep Time	3.17	1.25	1	3.83	1.25	1.75	1.25						13.5	2.83
Pre Clinic Clerical Prep Time	2.5	2.75	3.25	4.75	3.25	4.5	4.75						25.75	14.25
Total Pre Clinic Prep Time	5.67	4	4.25	8.58	4.5	6.25	6						39.25	17.08
Total Clinic Time	1	1		1	1	1	1						6	2
Post Clinic RN Time	3	1.58		0.5	1.58	0.83	0.25						7.74	3
Post Clinic Clerical Time	5.25	6.75		7.75	5.75	4.25	5.5						35.25	18.75
Total Post Clinic Contact	8.25	8.33		8.25	7.33	5.08	5.75						42.99	21.75
Total	14.92	13.33	4.25	17.83	12.83	12.33	12.75						88.24	40.83

LTBI

PREVENTIVE STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
Positive clients transferred into county					1								1	
Positive Interviews	16	5	3	7	8	11	10						60	11
Clients Starting LTBI	3	4	2	1	1	2	1						14	4

[^]Rate is per 100,000 using the 2015 estimated census population of 307,357 from the US Census Bureau

CLIENTS STARTING LTBI	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
GENDER														
Male	1	2	1	1									5	2
Female	2	2	1		1	2	1						9	2
AGE														
Children (0-18 years)														1
Adult (19-64 years)	3	4	1	1	1	2	1						13	3
Senior Adult (65+ years)			1										1	
FOREIGN BORN														
Yes	1	3		1	1		1						7	3
No	2	1	2			2							7	1

TREATMENT COMPLETION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
Clients Completing LTBI	1	2		1	2	2	2						10	1
Failure to Complete		1		1	1	1							4	2
Moved														1
Lost to F/U		1											1	
Declined- Personal														
Declined-Medical														1
Deceased														
Other				1	1	1							3	

ACTIVE TB

ACTIVE TB STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
# Active TB Cases Identified				1									1	
County Active TB rate*				0.325									0.325	
Active Cases Transferred OUT of McHenry County														
Active Cases Transferred INTO McHenry County														
Total Active TB Caseload*														1
DOT Visits	7	7	4	6	21	21	21						87	35
DOT Visit/Travel Time (Hours)	4.25	4.25	2.5	4.5	11	12.25	9.5						48.25	17
# TB Contact Investigations Initiated				1			1						2	
# Suspects Investigated	1	1	1	1	1	2	4						4	

*Number does not accumulate, it reflects the number of people for whom the DOT visits and DOT time account for

TREATMENT COMPLETION	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
Cases Completing Active TB Medication														1
Failure to Complete														
Moved														
Lost to F/U														
Declined- Personal														
Declined-Medical														
Deceased														
Other														

RESISTANCE CLASSIFICATIONS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
#MDR Cases Identified														
#XDR Cases Identified														

ACTIVE TB STATISTICS	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD 18	YTD 17
LOCATION OF ACTIVE TB IDENTIFIED														
Pulmonary				1									1	
Extrapulmonary														
GENDER														
Male				1									1	
Female														
AGE														
Children (0-18 years)														
Adult (19-64 years)														
Senior Adult (65+ years)				1									1	
FOREIGN BORN														
Yes				1									1	
No														

*Rate is per 100,000 using the 2015 estimated census population of 307,357 from the US Census Bureau

I. Numbers of Cases

There have been 128 cases of active TB reported and confirmed as of today. Compared to the same week last year, there were 138 cases reported. We are 10 cases behind of the number reported this week last year.

2018 to date

DuPage County	23
Kane County	4
Kendall	0
Lake County	8
McHenry	1
Will County	2
Winnebago	0
Suburban Cook	38
Chicago	43

II. Drug Resistance

Of the 128 cases reported thus far, 84 were culture positive. Of those culture positive, 65 (77.4%) have their susceptibilities reported.

3 case are resistant to Isoniazid and 2 cases are Multi-Drug Resistant (resistant to both Isoniazid and Rifampin).

III. Dead at Diagnosis or Died on Therapy

For 2018, of the 128 cases reported thus far, 2 were dead at diagnosis and 9 died during therapy.

IV. US born vs Foreign Born

For 2018,

28 cases are US born

100 cases are Foreign Born

PROGRAM HIGHLIGHTS

OLD BUSINESS

NEW BUSINESS

TB BOARD CONTRACT SUMMARY

- ☒ New Contract
☐ Renewal
☐ Amended Renewal

NAME OF ORGANIZATION	Family Health Partnership Clinic (FHPC)
EFFECTIVE DATES OF CONTRACT	Commence upon execution annually unless terminated by either party upon 30 days prior written notice.
BRIEF DESCRIPTION OF CONTRACT PURPOSE	Memorandum of Understanding between the McHenry County Tuberculosis (TB) Board (Department) and FHPC
MCDH DEPT/STAFF INVOLVED	Nursing Division – Communicable Disease (CD) Program Staff
CONTRACT TERMS	MCDH and FHPC will work collaboratively to meet the overall health care needs of the homeless population in McHenry County by maximizing limited resources, avoiding duplication of effort, and improving patient outcomes through expanded services and improved continuity of care.
FINANCIAL TERMS	None
INDEMNIFICATION CLAUSE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SPECIAL ARRANGEMENTS, REQUIREMENTS, CONDITIONS	<ul style="list-style-type: none"> FHPC and its medical providers may refer patients to MCDH CD Program for TB screening and treatment. MCDH will provide onsite (shelter) screening and treatment as scheduled collaboratively with FHPC.

Memorandum of Understanding

Between

**McHenry County Tuberculosis Care and Treatment Board/
McHenry County Department of Health
2200 N. Seminary Ave.
Woodstock, IL 60098**

And

**Family Health Partnership Clinic (FHPC)
401 E. Congress Parkway
Crystal Lake, IL 60014**

The MCDH and FHPC desire to work collaboratively to meet the overall health care needs of the homeless population in McHenry County by maximizing limited resources, avoiding duplication of effort, and improving patient outcomes through expanded services and improved continuity of care. This Memorandum of Understanding (MOU) sets forth the terms and understanding between the MCDH and FHPC to provide Tuberculosis (TB) testing and treatment to the homeless population of McHenry County.

Background

According to the Centers for Disease Control and Prevention a disproportionate number of TB cases occur among high-risk populations, including people experiencing homelessness.

In the United States, 1% of the population experiences homelessness in a given year, but more than 5% of people with TB reported being homeless within the year prior to diagnosis. These findings are not surprising, as people experiencing homelessness have a high occurrence of conditions that increase the risk of TB, including:

- Substance abuse
- HIV infection
- Congregation in crowded shelters

This combination of conditions is favorable for spreading TB. In addition, people who are homeless often lack ready access to the medical care required to make an early diagnosis of TB.

Goal

To reduce the risk of TB transmission in the McHenry County homeless population by providing on-site shelter education, screening, and treatment.

Objectives

- Provide education to the homeless population about TB and how to protect themselves.
- Provide TB testing
- Provide diagnostic work-up if needed
- Provide treatment to identified latent cases
- Provide treatment and linkage to temporary housing for isolation of active cases identified

Participants

Any homeless shelter client identified as needing TB testing by FHPC staff.

Cost

There will be no cost to the client of a homeless shelter. If client is insured, MCDH will bill insurance.

Staff Required

FHPC staff and MCDH Registered Nurse (RN).

Partnership Deliverables

FHPC will provide:

- Private area at shelter location to perform testing and any latent treatments.
- Release of Information (ROI) to provide care coordination between FHPC and MCDH
- Schedule clinic dates, time and location for testing and readings (48-72 hours posttest) with shelters

MCDH will provide:

- Testing for TB using Mantoux tuberculin skin test (TST)
- Education will be provided by a RN regarding the transmission, risk behaviors, and prevention of TB.
- RN to read test within 48-72 hours following the testing as scheduled by FHPC
- RN to deliver test results and diagnostic/treatment/counseling to individuals as necessary per TB Medical Director's orders.
- Incentives (Wal-Mart Gift Card) to all clients that return for TB test reading

Term and Termination

This MOU is at-will and may be modified by mutual consent of authorized officials from FHPC and the MCDH in writing. The term of this Agreement shall commence upon execution hereof by both parties and shall perpetuate until either party chooses to terminate. Either party may terminate this agreement with or without cause upon thirty (30) days prior written notice.

Patricia Montemurro
Signature

4-5-18
Date

Family Health Partnership Clinic

Signature
Michael Hill, Public Health Administrator
2200 N. Seminary Ave.
Woodstock, IL 60098
Telephone: 815-334-4510
E-mail: RMHill@mchenrycountyil.gov

Date

BOARD ISSUES

INFORMATION



Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium tuberculosis* Infection

Weekly / June 29, 2018 / 67(25);723-726

Article Metrics

Altmetric:



([https://www.altmetric.com/details.php?](https://www.altmetric.com/details.php?domain=www.cdc.gov&citation_id=44257728)

[domain=www.cdc.gov&citation_id=44257728](https://www.altmetric.com/details.php?domain=www.cdc.gov&citation_id=44257728))

Twitter (207) ([https://www.altmetric.com/details.php?](https://www.altmetric.com/details.php?domain=www.cdc.gov&citation_id=44257728&tab=twitter)

[domain=www.cdc.gov&citation_id=44257728&tab=twitter](https://www.altmetric.com/details.php?domain=www.cdc.gov&citation_id=44257728&tab=twitter))

Facebook (9) ([https://www.altmetric.com/details.php?](https://www.altmetric.com/details.php?domain=www.cdc.gov&citation_id=44257728&tab=facebook)

[domain=www.cdc.gov&citation_id=44257728&tab=facebook](https://www.altmetric.com/details.php?domain=www.cdc.gov&citation_id=44257728&tab=facebook))

Wikipedia (1) ([https://www.altmetric.com/details.php?](https://www.altmetric.com/details.php?domain=www.cdc.gov&citation_id=44257728&tab=wikipedia)

[domain=www.cdc.gov&citation_id=44257728&tab=wikipedia](https://www.altmetric.com/details.php?domain=www.cdc.gov&citation_id=44257728&tab=wikipedia))

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[View suggested citation](#)

Treatment of latent tuberculosis infection (LTBI) is critical to the control and elimination of tuberculosis disease (TB) in the United States. In 2011, CDC recommended a short-course combination regimen of once-weekly isoniazid and rifapentine for 12 weeks (3HP) by directly observed therapy (DOT) for treatment of LTBI, with limitations for use in children aged <12 years

and persons with human immunodeficiency virus (HIV) infection (1). CDC identified the use of 3HP in those populations, as well as self-administration of the 3HP regimen, as areas to address in updated recommendations. In 2017, a CDC Work Group conducted a systematic review and meta-analyses of the 3HP regimen using methods adapted from the Guide to Community Preventive Services. In total, 19 articles representing 15 unique studies were included in the meta-analysis, which determined that 3HP is as safe and effective as other recommended LTBI regimens and achieves substantially higher treatment completion rates. In July 2017, the Work Group presented the meta-analysis findings to a group of TB experts, and in December 2017, CDC solicited input from the Advisory Council for the Elimination of Tuberculosis (ACET) and members of the public for incorporation into the final recommendations. CDC continues to recommend 3HP for treatment of LTBI in adults and now recommends use of 3HP 1) in persons with LTBI aged 2–17 years; 2) in persons with LTBI who have HIV infection, including acquired immunodeficiency syndrome (AIDS), and are taking antiretroviral medications with acceptable drug-drug interactions with rifapentine; and 3) by DOT or self-administered therapy (SAT) in persons aged ≥ 2 years.

Systematic Review

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A CDC Work Group including epidemiologists, health scientists, physicians from CDC's Tuberculosis Elimination program, and a CDC library specialist, was convened to conduct the systematic literature review using methods adapted from the Guide to Community Preventive Services (2,3). The library specialist used a systematic search strategy to identify and retrieve intervention studies on the use of 3HP to treat LTBI that were published from January 2006 through June 2017 and indexed in the MEDLINE, Embase, CINAHL, Cochrane Library, Scopus, and Clinicaltrials.gov databases. To identify missed studies, reference lists from included articles were reviewed, and CDC's TB experts were consulted. This review included English language articles that met the following criteria: 1) the study design was randomized controlled trial, quasi-experimental, observational cohort, or other design with a concurrent comparison group; 2) the target population included, but was not restricted to, persons aged ≥ 12 years, children aged 2–11 years, or persons with HIV infection; and 3) outcomes reported were prevention of TB disease, treatment completion, adverse events while on 3HP, discontinuation as a result of adverse events while on 3HP, or death while on 3HP.

Two reviewers from the CDC Work Group independently screened citations obtained from the search and retrieved full-text articles in the relevant literature to be synthesized. Using a standard data abstraction form, the reviewers abstracted data on intervention characteristics, outcomes of interest, demographics, benefits, harms, considerations for implementation, and evidence gaps. Each study was also assessed for threats to internal and external validity per Guide to Community Preventive Services standards (2,3). Any disagreement between reviewers was resolved by consensus of the CDC Work Group members.

The CDC Work Group reviewed 292 citations retrieved from the librarian's search. Of these, 30 full-text articles were ordered and screened for inclusion. No eligible studies including children aged <2 years were identified. In total, 19 articles representing 15 unique studies were included in the meta-analysis. Findings from the meta-analysis indicated that 3HP is as safe and effective as other recommended LTBI regimens and achieves significantly higher treatment completion rates. Complete results of the systematic review and meta-analysis have been published elsewhere (4). Overall, the majority of included studies were of greatest design suitability and good quality of execution, as defined by the Guide to Community Preventive Services (2,3). Issues related to poor reporting of appropriate analytic methods and possible selection bias were the most common limitations assigned to the body of evidence.

Recently published randomized control trials that were heavily weighted in the meta-analyses and drug interaction studies (5-8) are summarized as follows:

Study of 3HP in children. A large randomized clinical trial of 3HP administered by DOT, which included children aged 2–17 years, demonstrated that 3HP was as well-tolerated and as effective as 9 months of daily isoniazid (9H) for preventing TB (5). The trial also reported that 3HP was safe and had higher treatment completion rates than 9H (5). Data on the safety and pharmacokinetics of rifapentine in children aged <2 years are not available.

Studies of 3HP in persons with HIV infection, including AIDS. In 2011, CDC recommended the 3HP regimen for treatment of LTBI in persons with HIV infection, including AIDS, who are otherwise healthy and who are not taking antiretroviral medications (1). Since that time, additional data confirm not only the effectiveness of 3HP in persons with HIV infection who are not taking antiretroviral therapy, but also demonstrate the absence of clinically significant drug interactions between once-weekly rifapentine and either efavirenz or raltegravir in persons with HIV infection who are treated with those antiretroviral medications (4,6-8).

Study of self-administered therapy. A randomized clinical trial demonstrating noninferior treatment completion and safety of 3HP-SAT compared with 3HP-DOT in persons aged ≥18 years in the United States provides the primary evidence on 3HP administration by SAT (9). The 3HP-SAT regimen has not been studied in randomized controlled trials in persons aged <18 years.

Expert Consultation

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In July 2017, CDC met with nine non-CDC subject matter experts in TB and LTBI diagnosis, treatment, prevention, surveillance, epidemiology, clinical research, pulmonology, pediatrics, HIV/AIDS, public health programs, and patient advocacy. CDC presented the systematic review results and proposed recommendations to the experts, who provided 1) individual perspectives on the review; 2) experience with implementation of the 3HP regimen in various settings and

populations; and 3) individual viewpoints on the proposed updates. Subject matter experts from programs prescribing 3HP described benefits of this regimen, including increased acceptance and completion of treatment. Some experts reported that several health departments are currently using 3HP, with high treatment completion, in children as young as age 2 years. Some noted that the 2011 recommendation to administer 3HP by DOT limits use of the regimen. In December 2017, CDC solicited input from ACET and members of the public for incorporation into the final recommendations.

With regard to pediatric use, the 2011 recommendations had included limited use of the 3HP regimen for treatment of LTBI in children aged <12 years (1). New data on efficacy and safety of 3HP in children were determined sufficient to recommend the 3HP regimen for treatment of LTBI in children aged ≥2 years (4).

Concerning patients with HIV infection, information about interactions between specific antimycobacterial agents, including rifamycins (e.g., rifampin, rifabutin, and rifapentine) and antiretroviral agents, is available in the U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. These frequently updated guidelines include a section addressing management of LTBI in persons with HIV coinfection and tables with information on drug interactions.* Use of concomitant LTBI treatment and antiretroviral agents should be guided by clinicians experienced in the management of both conditions.

In 2011, CDC recommended use of the 3HP regimen by DOT (1). Treatment completion rates are highest when the regimen is administered by DOT (4). However, the burden and expense of DOT is greater than that for SAT (3). During the expert consultation and again during review by ACET, some subject matter experts strongly recommended permitting use of SAT, when combined with clinical monitoring, in children aged ≥2 years. Based on this expert opinion, ACET formally recommended expansion of the option of parentally administered SAT to children. Some experts still prefer DOT for treating LTBI in children aged 2–5 years, in whom risk for TB progression and severe disease is higher than that in older children and adults. Health care providers should make joint decisions about SAT with each individual patient (and parent or legal guardian), considering program resources and the patient's age, medical history, social circumstances, and risk factors for progression to severe TB disease. Subject matter experts stressed the importance of educating providers and patients about 3HP.

Recommendations

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Based on evidence on effectiveness, safety, and treatment completion rates from the systematic review, and after consideration of viewpoints from TB subject matter experts and input from ACET and the public, CDC continues to recommend 3HP for treatment of LTBI in adults and now

recommends use of 3HP 1) in persons with LTBI aged 2–17 years; 2) in persons with LTBI who have HIV infection, including AIDS, and are taking antiretroviral medications with acceptable drug–drug interactions with rifapentine; and 3) by DOT or SAT in persons aged ≥ 2 years.

The health care provider should choose the mode of administration (DOT versus SAT) based on local practice, individual patient attributes and preferences, and other considerations, including risk for progression to severe forms of TB disease. Use of concomitant LTBI treatment and antiretroviral agents should be guided by clinicians experienced in the management of both conditions ([Box 1](#)).

Patient monitoring and adverse events. Hepatic enzymes and other blood tests should be performed for certain patients before initiation of 3HP therapy ([Box 2](#)). Approximately 4% of all patients using 3HP experience flu-like or other systemic drug reactions, with fever, headache, dizziness, nausea, muscle and bone pain, rash, itching, red eyes, or other symptoms ([4,10](#)). Approximately 5% of persons discontinue 3HP because of adverse events, including systemic drug reactions ([4,10](#)); these reactions typically occur after the first 3–4 doses, and begin approximately 4 hours after ingestion of medication ([10](#)). Hypotension and syncope have been reported rarely (two cases per 1,000 persons treated) ([4,10](#)). If symptoms suggestive of a systemic drug reaction occur, patients should stop 3HP while the cause is determined. Symptoms usually resolve without treatment within 24 hours. Neutropenia and elevation of liver enzymes occur uncommonly ([4,10](#)). CDC recommends that health care providers educate patients to report adverse events. Patient use of symptom checklists might facilitate timely recognition and reporting.[†]

Rifapentine is a rifamycin compound; like rifampin, it induces metabolism of many medications. CDC recommends monitoring of patients when 3HP is prescribed with interacting medications (e.g., methadone or warfarin). Rifapentine can reduce the effectiveness of hormonal contraceptives; therefore, women who use hormonal birth control should be advised to add, or switch to, a barrier method. Women should be advised to inform their health care provider if they decide to try to become pregnant or become pregnant during 3HP treatment.

Because altered dosing might reduce effectiveness or safety, patients on 3HP SAT should be encouraged to record medication intake and report deviations from the prescribed regimen. Persons on 3HP regimens should be evaluated monthly (in person or by telephone) to assess adherence and adverse effects.

Additional studies are needed to understand the pharmacokinetics, safety, and tolerance of 3HP in children aged < 2 years; adherence and safety of 3HP-SAT in persons aged < 18 years; and safety of 3HP during pregnancy ([4](#)).

Any LTBI treatment-associated adverse effect leading to hospital admission or death should be reported by health care providers to local or state health departments for inclusion in the National Surveillance for Severe Adverse Events Associated with Treatment for LTBI (e-mail:

(<https://www.fda.gov/Safety/MedWatch/HowToReport/default.htm>) ltbidrugevents@cdc.gov (<mailto:ltbidrugevents@cdc.gov>)). Serious drug side effects, product quality problems, and therapeutic failures should be reported to the Food and Drug Administration's MedWatch program (<https://www.fda.gov/Safety/MedWatch/HowToReport/default.htm>) or by telephoning 1-800-FDA-1088.

Additional information regarding 3HP is available at <https://www.cdc.gov/tb/publications/ltbi/ltbiresources.htm> (<https://www.cdc.gov/tb/publications/ltbi/ltbiresources.htm>). Questions also can be directed to CDC's Division of Tuberculosis Elimination by e-mail (cdcinfo@cdc.gov) (<mailto:cdcinfo@cdc.gov>) or by telephoning 800-CDC-INFO (800-232-4636).

Conflict of Interest

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No conflicts of interest were reported.

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* <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/367/overview> (<https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/367/overview>)

† Examples of patient's medication intake log and symptoms checklists are available at <https://www.cdc.gov/tb/publications/pamphlets/12-doseregimen.htm> (<https://www.cdc.gov/tb/publications/pamphlets/12-doseregimen.htm>).

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BOX 1. Updated recommendations for once-weekly isoniazid-rifapentine for 12 weeks (3HP) for the treatment of latent tuberculosis infection

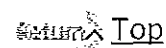


CDC continues to recommend use of the short-course combination regimen of once-weekly isoniazid-rifapentine for 12 weeks (3HP) for treatment of latent tuberculosis infection (LTBI) in adults. With regard to age limits, HIV infection, and administration of the treatment, CDC now also recommends the following:

- use of 3HP in persons aged 2–17 years;
- use of 3HP in persons with LTBI who are living with human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS) and taking antiretroviral medications with acceptable drug-drug interactions with rifapentine*; and
- use of 3HP by directly observed therapy (DOT) or self-administered therapy (SAT) in persons aged ≥ 2 years; the health care provider should choose the mode of administration (DOT versus SAT) based on local practice, individual patient attributes and preferences, and other considerations, including risk for progression to severe forms of tuberculosis disease.

* <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/367/overview>
(<https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/367/overview>)

BOX 2. Guidance to health care providers during treatment of latent tuberculosis infection (LTBI) with a combination regimen of isoniazid and rifapentine in 12 once-weekly doses (3HP)



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- Evaluate all patients for active tuberculosis disease both before and during treatment of LTBI.
- Inform the patient or parents or legal guardians about possible adverse effects and instruct them to seek medical attention when symptoms of possible adverse reaction first appear; particularly drug hypersensitivity reactions, rash, hypotension, or thrombocytopenia.
- Conduct monthly evaluations to assess treatment adherence and adverse effects, with repeated patient education regarding adverse effects at each visit.
- Order baseline hepatic chemistry blood tests (at least aspartate aminotransferase [AST]) for patients with the following specific conditions: human immunodeficiency virus infection, liver disorders, postpartum period (≤ 3 months after delivery), regular alcohol use, injection drug use, or use of medications with known possible interactions.

- Conduct blood tests at subsequent clinical encounters for patients whose baseline testing is abnormal and for others at risk for liver disease. Discontinue 3HP if a serum AST concentration is ≥ 5 times the upper limit of normal in the absence of symptoms or ≥ 3 times the upper limit of normal in the presence of symptoms.
- In case of a possible severe adverse reaction, discontinue 3HP and provide supportive medical care. Conservative management and continuation of 3HP under observation can be considered in the presence of mild to moderate adverse events as determined by health care provider.

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Suggested citation for this article: Borisov AS, Bamrah Morris S, Njie GJ, et al. Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium tuberculosis* Infection. MMWR Morb Mortal Wkly Rep 2018;67:723-726. DOI: <http://dx.doi.org/10.15585/mmwr.mm6725a5> (<http://dx.doi.org/10.15585/mmwr.mm6725a5>)

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Page last reviewed: June 28, 2018

Page last updated: June 28, 2018

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